

If the application fee presents a hardship to you and/or your family and you are a U.S. citizen or a U.S. permanent resident, you may be eligible for an application fee waiver. To apply for a fee waiver, please complete the following form and return it by the appropriate deadline.

First Name: _____ Last Name: _____

Street Address: _____

Street Address #2: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____ / ____ / ____ Email Address: _____

I certify that the information presented in this form is accurate, and that payment of the application fee would pose a financial hardship. I authorize the financial aid office at my current/most recently attended institution to release information relating to my financial need.

Applicant Signature: _____ Date: _____

TO BE COMPLETED BY A COLLEGE/UNIVERSITY OFFICIAL

Name of Official: _____ Title: _____

Name of College/University: _____

Email Address: _____ Phone Number: _____

I certify that the \$70 Boston College application fee would pose a financial hardship to the student referenced above.

Signature of Official: _____ Date: _____

Please mail the completed form to:

Transfer Admission Processing Center
P.O. Box 15
Randolph, MA 02368-0015